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SUBJECT: TRAINING TRAINERS IN PRIMARY HEALTH CARE IN DJIBOUTI

1. (U) A USAID-funded week-long training session for health practitioners in Djibouti began March 19, 2005 with an official event at the National Health Training Center in the capital. Focus of the training was to impart primary health care teaching skills to selected candidates who would return to their respective districts and begin training various cadres of health workers who manage rural health clinics. These health clinic workers included nurses, traditional birth attendants and community health extension agents.

2. (U) The candidates themselves number 22, and came from each of the five districts in the country. Candidates from each district were selected by the district medical doctor, and spent six days in this intensive "training of trainers" course. The district medical doctors were also included among the candidates for training.

3. (U) During the opening ceremony, Director of the Training Center, Hassan Kamil thanked USAID Representative and the implementing partners for their organization of the training course. USAID Chief of Party for the Health Sector Reform Project, Dr. Stanislas Nebie, cited the collaborative effort that was put forth to make this launching of the second component of USAID's three-component program successful. He stressed that one of the important outcomes of this training will be to improve supervision skills of these trainees, as this will ensure continued high quality of health service delivery. Ambassador Ragsdale noted overall U.S. health assistance to Djibouti as an effort to improve the lives, and in particular the health of women and children. She added that the training course was another important step in this continuing and growing collaboration, with the aim of enhancing the capacity of those responsible for delivery of health care services in rural areas. Secretary General of the Ministry of Health, Dr. Saleh Banoita, thanked USAID and the implementation team for organizing the course, which he said would assist the Ministry of Health better reach and serve the most vulnerable people in the population--women and children living in rural, isolated areas of the country.

4. (U) The training course included various sessions ranging from professional competency of the trainers, technical state-of-the-art knowledge of primary health care delivery to community collaboration and supervisory skills. The session concluded March 24 with a ceremony, attended by Ambassador and USAID Representative, and the issuance of diplomas to those who completed the course. The trainers will return to their districts to begin preparations for organizing local training courses for health clinic workers, taking with them the training materials they received during the course.

5. (U) Comment: The USAID implementation team in conjunction with the National Health Training Center team, spent a great deal of time preparing the training manuals, which would be used for this course as well as those that will accompany the new trainers to their rural districts. The weeklong course by an experienced training team was both well-organized and well-attended. We note that the majority of trainers were male. We hope that when they return to their respective districts, there will be women in their training groups, since delivery of ante-natal services for pregnant women as well as delivery of babies are among the most important functions of the rural health clinics. It would be very difficult in traditional, rural Islamic communities for women to receive health care services from an exclusively male staff. The USAID implementation team has as one of its tasks, to ask that the Ministry of Health require each rural health clinic to have at least one Mid-Wife, who would be responsible for delivery of all health care services to women. This key factor will be monitored throughout the project implementation. End comment.

RAGSDALE